



THE NORTHERN AUTOMOTIVE RESTORATION CLUB (S.A.) INC

APPLICATION FOR MEMBERSHIP

SURNAME

FULL MEMBERSHIP

PREFERRED FIRST NAME

PENSIONER MEMBERS

Preferred First Name

ASSOCIATE (FAMILY) MEMBERS

Name

POSTAL ADDRESS

..... POSTCODE

Phone Mobile

Email address

FEES

| | | |
|---------------------------|-----------------|----------------|
| FULL MEMBERS | at \$50.00 each | \$ |
| or PENSIONER rate | at \$40.00 each | \$ |
| Associate (family) member | at \$30.00 each | \$ |
| | | TOTAL \$ |

If you require your receipt please include a stamped addressed envelope or collect at a meeting.

Bank details Northern Automotive Restoration Club, ANZ, BSB 015-552. Account, 4142-39425.

Please make cheques payable to NARC and forward to The Treasurer, Merv Robinson
31 Gloucester Road
Jamestown SA 5491

I agree to abide by all the rules in the Constitution and any by-laws passed by NARC

Signed Date

NOMINATED BY

SECONDED BY

Members wanting Historic Registration must have the vehicle/s inspected by the Club's inspector prior to registering the vehicle/s.

